



STATE OF COLORADO Risk Management Plan

Element #1: Mandatory Safety Requirements

AGENCY: _____

DATE: _____

In this element, agency compliance with state law, personnel rules, and Executive Orders on Safety is reviewed. (Compliance with the Executive Orders is voluntary for the Judicial and Legislative departments, but is strongly recommended)

A. Executive Order D0122-89

	YES Satisfactory	NO Needs Improvement
1. Does your agency have a Safety Committee?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Executive Director or college/university president a member of the Safety Committee?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Safety Committee established safety policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the Safety Committee meet during the course of the year to review the efficiency of their safety policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Safety Committee coordinate its work with State Risk Management?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Executive Director or College President attend the Governor's Executive Safety Committee meeting <i>annually</i> ?	<input type="checkbox"/>	<input type="checkbox"/>

B. Executive Order D0138-89 "Safety in the Workplace"

1. Does the Safety Committee include a non-management employee or an employee representative as a member?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the Safety Committee established reasonable occupational safety & health standards for this agency?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are copies of Executive Order D0138-89 prominently posted in all agency offices and facilities?	<input type="checkbox"/>	<input type="checkbox"/>

I. MANDATORY SAFETY REQUIREMENTS: (continued)**YES****NO**

Satisfactory

Needs Improvement

4. Has the Safety Committee established procedures in this agency for:

A. employee reporting of unsafe conditions.

☐☐

B. investigation of unsafe conditions.

☐☐

C. correction of unsafe conditions.

☐☐***C. Worker's Compensation Act and Rules of Procedure:***

1. Does the agency have the "WARNING" poster posted in areas where all employees can read it?

☐☐

2. Does the agency have the "Notice to Employees" poster posted in areas where all employees can read it?

☐☐***D. Executive Order D0010-96 "Workplace Violence"***

1. Has the agency evaluated its organization and taken appropriate steps to address potential workplace violence situations?

☐☐

2. Does the agency have Executive Order D0010-96 posted in areas where all employees can read it?

☐☐

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element #2: Safety Committees

AGENCY: _____ DATE: _____

This element reviews the activities of the agency's Safety Committee and their voluntary compliance with recommendations of State Risk Management.

A. Membership

YES

Satisfactory

NO

Needs Improvement

- | | | | |
|----|---|--------------------------|--------------------------|
| 1. | Are the Safety Committee members designated in writing and has a copy of the list been sent to State Risk Management? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are the following persons included on the membership list of the Safety Committee? | | |
| a. | The agency's Work Comp claims handler? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | The agency's safety person? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is the agency's State Risk Management Loss Control Representative invited to all Safety Committee meetings? | <input type="checkbox"/> | <input type="checkbox"/> |

B. Meetings

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Does the Safety Committee meet at least as often as the standards recommended by State Risk Management?
<i>(Large Departments/Universities: At least 2 meetings per year.
Small Departments/Colleges: At least 1 meeting per year.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has this agency's Executive Director or President attended at least <i>one</i> Safety Committee meeting in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Does this agency's Safety Committee keep written minutes of all meetings? | <input type="checkbox"/> | <input type="checkbox"/> |

C. Policies

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Does the Safety Committee have "established safety policies and procedures"... | | |
| a. | In writing? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Widely disseminated within the agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Reviewed at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |

D. Reporting of Unsafe Conditions:

YES

Satisfactory

NO

Needs Improvement

1. Does the Safety Committee have a written procedure for handling, investigation, and correcting hazards from employee reports of unsafe conditions?

☐☐

2. Is a person designated by the Safety Committee to investigate all employee reports of unsafe conditions?

☐☐

NAME: _____

E. Safety Rules

YES

Satisfactory

NO

Needs Improvement

1. Does the agency have written safety rules for all employees?

☐☐

2. Do the safety rules include a form which all employees must read and sign?

☐☐

3. Are the agency's safety rules *uniformly* enforced by all agency supervisory and managerial personnel?

☐☐

F. Claims Review:

1. Does the safety committee regularly review the agency's Worker's Compensation, Property and Liability claims statistics?

☐☐

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element #3: Safety Training

AGENCY: _____

DATE: _____

In this element, a review of the training records and training plans, as well as interviews with employees and direct observation are used to determine if the training is effective and appropriate and if all necessary subjects are covered.

	YES Satisfactory	NO Needs Improvement
1. Is safety training conducted on a frequent basis?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the types of accidents and potential risks analyzed to determine training subjects?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is specific safety training included as part of job planning?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are supervisors and management involved in training?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do supervisors and managers attend training sessions?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do all employees have the opportunity to attend appropriate safety training?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is training provided when necessary on the following topics?		
a. Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>
c. Lock-out/Tag-out	<input type="checkbox"/>	<input type="checkbox"/>
d. Confined Space	<input type="checkbox"/>	<input type="checkbox"/>
e. Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>
f. Forklift operation	<input type="checkbox"/>	<input type="checkbox"/>
g. Back Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>
h. Preventing Slips, Trips and Falls	<input type="checkbox"/>	<input type="checkbox"/>
8. Is a record maintained of attendance and subject presented during training?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is frequent informal safety training or on-the-job training done by supervisors or lead workers?	<input type="checkbox"/>	<input type="checkbox"/>

III. SAFETY TRAINING EVALUATION (continued)

	YES Satisfactory	NO Needs Improvement
10. Are safety topics included in employee orientation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the emergency evacuation plan, including evacuation of disabled people, included in the training?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the training include reporting of unsafe conditions?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does this agency use State Risk Management's training seminars on a regular basis? (at least annually)	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element #4: Employment Issues

AGENCY: _____ DATE: _____

This element reviews agency compliance to statewide employment policies and recommends programs agencies should use to implement these policies.

A. Substance Abuse Policy:

YES

Satisfactory

NO

Needs Improvement

1. Does the agency have effective written protocols and procedures of a substance abuse policy, pursuant to Executive Order D-000291, including:

a. testing procedures?

☐☐

b. disciplinary procedures?

☐☐

c. employee assistance?

☐☐

2. Is the agency's substance abuse policy widely disseminated to all employees?

☐☐

3. Are all employees given training on the agency's substance abuse policy?

☐☐

B. Workplace Violence Prevention Policy

1. Does the agency "evaluate the organization and take appropriate steps to address potential workplace violence situations" pursuant to Executive Order D-001096?

☐☐

2. Does the agency have a Workplace Violence Prevention Policy in writing and disseminated to all employees?

☐☐

3. Does the agency give Workplace Violence Prevention training to all employees?

☐☐

C. Americans With Disabilities Act (ADA)

YES

Satisfactory

NO

Needs Improvement

1. Does the agency have an ADA Coordinator?

☐☐

NAME: _____

2. Does the agency have an ADA informal grievance policy, pursuant to Executive Order D-000293?

☐☐

3. Does the agency provide ADA training to managers and supervisors?

☐☐

D. Sexual Harassment Prevention

1. Does the agency have a person designated as the primary contact for complaints of sexual harassment?

☐☐

NAME: _____

2. Does the agency provide Sexual Harassment training to all employees?

☐☐

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element #5: Disaster Recovery

AGENCY: _____ DATE: _____

This element reviews agency compliance to a “continuous planning process with a coordinated effort” by all state agencies to develop emergency response plans, pursuant to Executive Order D-000596.

A. Disaster Recovery Plan

YES

Satisfactory

NO

Needs Improvement

- | | | | |
|----|---|--------------------------|--------------------------|
| 1. | Does your agency have a comprehensive plan for recovery from disasters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Does the plan include: | | |
| | a. Designation of essential personnel | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Designation of emergency response personnel (may be outside agents) | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Provisions for clients/customers onsite at time of disaster | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Response to various types of disasters: | | |
| | (1) Weather: including flooding, tornado, heavy snow | <input type="checkbox"/> | <input type="checkbox"/> |
| | (2) Violence in workplace | <input type="checkbox"/> | <input type="checkbox"/> |
| | (3) Fire | <input type="checkbox"/> | <input type="checkbox"/> |
| | (4) Building structure failure | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. Assistance for employees involved | <input type="checkbox"/> | <input type="checkbox"/> |
| | (1) Counseling sources identified with current points of contact listed | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Offsite Protection of data | <input type="checkbox"/> | <input type="checkbox"/> |
| | (1) Frequent update of archived data | <input type="checkbox"/> | <input type="checkbox"/> |
| | (2) Method of conversion of data to current media? | <input type="checkbox"/> | <input type="checkbox"/> |
| | g. Continuation of business plan | <input type="checkbox"/> | <input type="checkbox"/> |
| | h. Notification of appropriate agencies | <input type="checkbox"/> | <input type="checkbox"/> |
| | (1) Fire/Police | <input type="checkbox"/> | <input type="checkbox"/> |
| | (2) Risk Management Office | <input type="checkbox"/> | <input type="checkbox"/> |

YES	NO
Satisfactory	Needs Improvement

- 5

5

5

9

Comments: _____

[illegible]

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element #6: State Vehicles and Drivers

AGENCY: _____ DATE: _____

This element reviews agency compliance to rules and recommendations regarding operation of state vehicles and driver safety training.

A. State Vehicles

YES

Satisfactory

NO

Needs Improvement

1. Does your agency require that all assigned state vehicles are used *only* for official state business, per Fleet Management Rule 7.31?
2. Does your agency ensure that all assigned state vehicles are *not* used for personal errands, including transporting family members or pets, per Fleet Management Rule 7.36?
3. Does your agency have a coordinator who operates the agency's vehicle accident prevention program, reports vehicle accidents and performs all other functions required by Fleet Management?

☐☐☐☐☐☐

B. State Drivers

1. Does your agency require that all state vehicles be operated *only* by state employees or authorized persons on official state functions?
2. Does your agency require that all drivers of state vehicles currently hold a valid driver's license, per Fleet Management Rule 7.33?
3. Does your agency require that drivers of state vehicles requiring a Commercial Driver's License (CDL) hold a valid CDL?
4. Does your agency take disciplinary or corrective action against any state employee who drives a state vehicle while under the influence of alcohol or illegal drugs?

☐☐☐☐☐☐☐☐

C. Driver Training

1. Does your agency have all drivers of state vehicles attend safe driver training on a regular basis?

☐☐

D. Safe Vehicle Operation

YES

Satisfactory

NO

Needs Improvement

1. Does your agency keep records of all of its state vehicle accidents and are they analyzed on a regular basis by your agency's Vehicle Coordinator to determine causes and prevent recurrence?
2. Does your agency ensure that all assigned state vehicles are always kept in a safe operating manner?
3. Does your agency have safe driving standards which are available to all authorized drivers and are enforced uniformly?

☐☐☐☐☐☐

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element #7 : Work Comp Claims Management

AGENCY: _____ DATE: _____

This element reviews agency compliance with State Risk Management recommendations regarding proper management and cost control of Workers' Compensation claims.

A. First Report of Injury

YES

Satisfactory

NO

Needs Improvement

2. Are injury reports received by CCIA within two days of supervisory knowledge of employee injury?
3. Does your agency have a designated and trained person to handle its Workers' Compensation claims?

☐☐☐☐

NAME: _____

B. Designated Medical Provider

1. Have medical provider(s) been designated *in writing* for all work-related injuries?
 - a. Are employees notified of the name(s) of the designated provider(s) and their location(s)?
 - c. Are **ALL** employees required to sign a form which states they were notified about the designated provider(s)?
 - d. Does the agency use the designated provider(s) for all work-related injuries?
 - e. Are employees aware of how to utilize the designated provider?
2. Does the agency utilize the designated providers' services to track the progress of injured employees?
3. How is tracking accomplished?
 - a. Phone Calls?
 - b. Written/Faxed Reports?
 - c. Personal Conference (staffing)?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

C. Modified Duty

	YES Satisfactory	NO Needs Improvement
1. Does the agency have a modified duty program?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the program in writing?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do all divisions/agencies within the department comply with the program?	<input type="checkbox"/>	<input type="checkbox"/>

D. Lost-Time Claims

1. Does the agency inform the Colorado Compensation Insurance Authority to verify that the employee is losing time from work?	<input type="checkbox"/>	<input type="checkbox"/>
a. By Phone Call?	<input type="checkbox"/>	<input type="checkbox"/>
b. By Written Notice?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the agency contact the injured employee at least once every two weeks?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are records reviewed periodically for documentation of contact?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the agency use State Risk Management's 14-DAY FORM to record all employee contacts?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element # 8: Safety Programs

AGENCY: _____

DATE: _____

This element reviews agency compliance with recommended OSHA guidelines.

A. Personal Protective Equipment

YES

Satisfactory

NO

Needs Improvement

1. Has your agency conducted a "hazard assessment and equipment selection" as recommended by OSHA standard 1910.132(d)(1) ?

☐☐

2. If the hazard assessment recommends use of respirators, does your agency have a "respiratory protection program" as recommended by OSHA standard 1910.134(c) ?

☐☐

3. Please check the types of personal protective equipment currently in use at your agency:

a. Eye and face protection

☐

b. Respiratory protection

☐

c. Head protection

☐

d. Foot protection

☐

e. Hand protection

☐

f. Electrical protection

☐

g. Ear (hearing) protection

☐

B. Hearing Conservation

1. Does your agency currently use hearing protection?
(see #3g. above)

☐☐

2. If your agency uses hearing protection, does it have a "hearing conservation program" as recommended by OSHA standard 1910.95(c)?

☐☐

C. Confined Spaces

1. Has your agency evaluated all workplaces to determine if any spaces are permit-required confined spaces, as recommended by OSHA standard 1910.146 (c)(1) ?

☐☐

2. If your agency has any permit-required confined spaces, has it developed a confined space program as recommended by OSHA standard 1910.146?

☐☐

D. Control of Hazardous Energy (Lockout/Tagout)

YES

Satisfactory

NO

Needs Improvement

1. Does your agency have any machines or equipment which require control of hazardous energy (lockout/tagout) as recommended by OSHA standard 1910.147?
2. If your agency requires control of hazardous energy, does your agency have a lockout-tagout program as recommended by OSHA standard 1910.147?

Comments: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element #9 : Hazardous Materials

AGENCY: _____ DATE: _____

This element reviews agency compliance with federal and state regulations regarding hazardous materials and wastes.

A. Hazardous Materials

YES

Satisfactory

NO

Needs Improvement

1. Does your agency have a Hazardous Materials Liaison appointed, pursuant to Executive Order B-01991 ?

☐☐

NAME: _____

2. Has your agency developed a Hazardous Materials Status Report and Inventory, pursuant to Executive Order B-01991 ?

☐☐

3. Does your agency perform a Hazardous Materials Inventory annually or on a continuous basis?

☐☐

B. Hazard Communication

1. Does your agency have a written, comprehensive hazard communication program, as recommended by OSHA standard 1910.1200 ?

☐☐

2. Does your agency's hazard communication program include:

- a. labelling of secondary containers
- b. collection and availability of MSDS
- c. employee training
- d. lists of hazardous chemicals in each work area
- e. methods to inform employees of hazards of non-routine tasks

☐☐☐☐☐☐☐☐☐☐

3. Is your agency's written program available to all employees and the State Risk Management Office?

☐☐

C. Hazardous Waste

1. Does your agency have a Hazardous Waste Program designed to comply with all federal and state regulations?

☐☐

<i>C. Hazardous Waste</i> (continued)	YES Satisfactory	NO Needs Improvement
---------------------------------------	---------------------	-------------------------

Satisfactory

Needs Improvement

- 1

NAME: _____

- 1

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element # 10: Ergonomics

AGENCY: _____

DATE: _____

A. *Ergonomics Program*

YES

Satisfactory

NO

Needs Improvement

1. Does your agency have a written ergonomics program?
2. Is your agency's ergonomics program reviewed and revised annually?
3. Does your agency have a designated person who is responsible for the ergonomics program?

☐☐☐☐☐☐

NAME: _____

B. *Worksite Analysis*

1. Does your designated person review all injury records to identify cumulative trauma disorder injuries and where they occur in the agency?
2. Does your designated person conduct employee surveys to help identify cumulative trauma injury hazards in your agency?
3. Does your designated person conduct, or arrange for ergonomic evaluations of all worksites in your agency?

☐☐☐☐☐☐

C. *Training*

1. Does your agency conduct general awareness ergonomic training for all employees?
2. Does your agency conduct job-specific ergonomic training for employees who work in areas identified as high-risk for cumulative trauma disorder injuries?
3. Does your agency keep records of all employee training?

☐☐☐☐☐☐

D. *Hazard Prevention and Control*

YES

Satisfactory

NO

Needs Improvement

1. Does your agency have a program to apply ergonomic methods to all existing and new facilities and processes?
2. Does your agency implement engineering and work practice controls where applicable?
3. Does your agency provide ergonomic equipment or devices where necessary?
4. Does your agency review all ergonomic solutions to determine whether they are successful in preventing injuries?

☐☐☐☐☐☐☐☐

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____



STATE OF COLORADO Risk Management Plan

Element # 11: Workplace Violence

AGENCY: _____

DATE: _____

A. Workplace Violence Prevention Policy

YES
Satisfactory

NO
Needs Improvement

1. Does your agency have a written workplace violence policy?
2. Is your agency workplace violence policy readily available to all employees?
3. Does your agency workplace violence policy conform to Executive Order D001096 "Workplace Violence"?

☐☐☐☐☐☐

B. Threat Assessment Team

1. Does your agency have a threat assessment team?
2. Does your agency's threat assessment team coordinate the implementation of the agency workplace violence policy?
3. Does your agency's threat assessment team include the following members?
 - a. senior management
 - b. operations
 - c. employees or their representatives
 - d. security
 - e. finance
 - f. legal
 - g. human resources

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

C. Hazard Assessment

1. Does your agency's threat assessment team conduct an annual hazard assessment of all of its facilities and operations?
2. Does your agency threat assessment team recommend methods to prevent workplace violence hazards?

☐☐☐☐

D. Training and Education

YES
Satisfactory

NO
Needs Improvement

1. Does your agency train all employees in workplace violence prevention?
2. Does your agency provide additional training to employees whose job duties place them at higher risk for workplace violence?
3. Does your agency provide additional training to managers and supervisors on workplace violence prevention?

☐☐☐☐☐☐

E. Incident Reporting, Investigation, and Follow-up

1. Does your agency have a procedure for reporting violent or potentially violent incidents?
2. Does your agency investigate all workplace violence reports?
3. Does your agency use existing Employee Assistance Program or other resources to follow up after violent incidents?

☐☐☐☐☐☐

Comments: _____

Signed: _____ Job Title: _____ Date: _____

Please Print Name: _____ Phone Number: () _____